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POWER OF ATTORNEY
and
<b>CORRESPONDENCE ADDRESS</b>
INDICATION FORM

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number			
	Filing Date	10/14/2005 Envin PASBRIG		
	First Named Inventor			
	Title	BLISTER PACK		
	Art Unit			
	Examiner Name			
	Attornay Docket Number	ATM-5475		

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/ SKINATURE of Applicant or Assignee of Record							
Signature	1.11-1				Date	06.10.2005	
Name Envin PASBRIG				Telephane			
Title and Company							
NOTE: Signatures of all the inventors or exeignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
"Total of 1 forms are submitted.							

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